| Effective January 1, 2003                      |  |   |                                       |                                   |              |                  |       |                   |                        |       |                            | 1                      |
|--|--|---|---------------------------------------|-----------------------------------|--------------|------------------|-------|-------------------|------------------------|-------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                       |                                   |              |                  |       | SMALL ENTITY TYPE |                        |       | OTHER THAN<br>SMALL ENTITY |                        |
| TOTAL CLAIMS                                   |  |   | 27                                    |                                   |              |                  | ſ     | RATE              | FEE                    | ٦. ا  | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                                   | NUME         | ER EXTRA         | Ì     | BASIC FE          | 375.00                 | OR    | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                        |  |   | ∫ 7minus 20=                          |                                   | *            | 7                | I     | X\$ 9=            |                        | OR    | X\$18=                     | de                     |
| INDEPENDENT CLAIMS                             |  |   | minus 3 =                             |                                   | *            | 0                | ł     | X42=              | <del> </del>           | 1     | X84=                       |                        |
| MI   | JLTIPLE DEPE   | NDENT CLAIM P                             | RESENT                                |                                   | <u> </u>     |                  | ŀ     |                   | <del> </del> -         | OR    |                            |                        |
| *  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |              | l                | +140= |                   | OR                     | +280= |                            |                        |
| CLAIMS AS AMENDED - PART II                    |  |   |                                       |                                   |              |                  |       | TOTAL             | L                      | OR    | TOTAL                      | 370                    |
|  | (Column 1) (Column 2) (Column 3)   |   |                                       |                                   |              |                  |       | SMALL             | ENTITY                 | OR    | OTHER<br>SMALL             |                        |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 12                                      | Minus                                 | ** 2                              | 7            | = ()             |       | X\$ 9=            | 7                      | OR    | X\$18=                     | /                      |
| AME  | Independent  | · 2                                       | Minus                                 | <b>3</b>                          |              | = ()             | ľ     | X42=              | /                      | OR    | X84=                       | /                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                       |                                   |              |                  |       | +140=             | /                      |       | +280=                      | -/-                    |
|  |  |   |                                       |                                   |              |                  |       | TOTAL             | /                      | OR    | TOTAL                      | /                      |
| (Column 1) (Column 2) (Column 3)               |  |   |                                       |                                   |              |                  |       | DDIT. FEE         | Ľ                      | OR    | ADDIT. FEE                 | /                      |
| AMENDMENT B                                    |  | CLAIMS                                    |                                       | HIGH                              | ST           |                  | Г     |                   | ADDI-                  | 1 1   |                            | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA |       | RATE              | TIONAL                 |       | RATE                       | TIONAL                 |
|  | Total  | *   | Minus                                 | **                                |              | =                |       | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent  | *   | Minus                                 | ***                               |              | =                | T     | X42=              |                        | OR    | X84=                       |                        |
| L.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT (   |   |                                       | CLAIM                             |              | t                | +140= |                   |                        | .000  |                            |                        |
|  |  | •   |                                       |                                   |              | •                | L     | TOTAL             |                        | OR    | +280=<br>TOTAL             |                        |
|  |  |   |                                       |                                   |              |                  |       | DOIT. FEE         |                        | OR ,  | ODIT. FEE                  |                        |
|  |  | (Column 1)<br>CLAIMS                      |                                       | (Colum                            |              | (Column 3)       |       |                   |                        | _     |                            |                        |
| AMENDMENT C                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUMB<br>PREVIO<br>PAID F          | ER<br>USLY   | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | ##                                |              | = .              |       | X\$ 9=            |                        | OR    | X\$18=                     |                        |
|  | Independent  | *   | Minus                                 | ###                               |              | =                | H     | X42=              |                        | ł     | X84=                       |                        |
| لــا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                       |                                   |              |                  |       |                   |                        | OR    | VO4=                       |                        |
| • (  | f the entry in colur   | Ŀ   | +140=                                 |                                   | OR           | +280=            |       |                   |                        |       |                            |                        |
| ***  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the bit head of the part of the state of the sta |   |                                       |                                   |              |                  |       |                   |                        |       |                            |                        |

Application or Docket Number